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City	Aliso V	iejo	. <u> </u>	State	CA		Zip Code	92656
Country	USA			Telephone	(949)	855-1246	Fax	855-6371
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Title: OPTICALLY SUPERIOR DECENTERED OVER-THE-COUNTER SUNGLASSES

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- 1. Utility Patent Application Transmittal;
- 2. Fee Transmittal (in duplicate);
- 3. Petition for Extension of Time Under 37 CFR 1.136(a);
- 4. Utility Patent Application of 17 pages w/18 claims (COPY OF PARENT CASE);
- 5. 2 Sheets of Formal Drawings (COPY OF PARENT CASE);
- 6. Declaration and Power of Attorney for Patent Application (COPY OF PARENT);
- 7. Statement Claiming Small Entity Status (COPY OF PARENT CASE);
- 8. Checks for \$385 and \$475; and
- 9. Return postcard.

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 $\overline{X}$  Applicant claims small entity status. See 37 CFR 1.27

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Complete if Known						
Application Number	Unknown					
Filing Date	Herewith					
First Named Inventor	Victor L. Copeland					
Examiner Name	Scott J. Sugarman					
Art Unit	2873					
Attorney Docket No.	COPEL-003C2					

Check   Credit Card   Money   Other   Order	METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
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The Director is authorized to: (check all that apply)   1803   130   1803   130   1804   1805   1804   1805   1804   1805   1804   1805   1805   1805   1806   18	Deposit	S+	atina Prunda at al		1052	50	2052	25		
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To the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Pee Description Fee Paid  1. Claims Total Claims Total Claims Independent Claims Independent Claims Multiple Dependent  Large Entity Small Entity Fee				•	100+	020	1004	020		
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1201 86 2201 43 Independent claims in excess of 3  1203 290 2203 145 Multiple dependent claims, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1205 1802 900 Request for expedited examination of a design application 1205 1205 1205 1205 1205 1205 1205 1205	Code (\$)	Code (\$)		•	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
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SUBMITTED BY			(Complete (if applicable)
Name (Print/Type)	Kit M Stetina	Registration No. (Attorney/Agent) 29,445	Telephone (949) 855-1246
Signature	12011		Date 11/20/2003

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